

West of the Rockies

Giving and receiving gifts: one perspective

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Oseibo and *ochugen* are gift-giving traditions in Japan during winter and summer, respectively. The Japanese distribute gifts to friends, relatives, and others who have helped them during the year. Such practices play an important role in lubricating relationships, including those between patients and physicians. During these seasons, physicians' offices often fill with colorfully wrapped boxes containing a variety of gifts. At other times, patients or family members may leave another type of gift, the *orei*—10,000 yen (\$100) or more of cash in an unmarked envelope. This token of appreciation is often provided in advance of major surgical procedures.¹ What are the effects of such practices, and how should physicians respond?

Having been born and raised in Japan before moving to the United States for college and medical school, I consider myself bicultural and bilingual. Because I am a clinician in San Francisco, which has a large Japanese community, a proportion of my practice is composed of families from Japan. Many such families continue the gift-giving practice, leaving boxes of chocolates or rice crackers that I routinely distribute to staff in my office. Although no one has ever left envelopes of cash, I have become increasingly uncomfortable about receiving personal and expensive gifts—for example, clothing for my child and a fine bottle of sake (Japanese wine).

How do such gifts affect my relationships with patients? I don't keep track of which families have brought what gifts and which haven't. My patient care manners usually reflect how overbooked I am. Yet, I am beginning to wonder, do I treat some families differently? Do I spend more time with them? And what do staff, other patients, and my trainees perceive? Just as important, what are the motivations for families to bring gifts? Is a gift a simple sign of appreciation, or



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is something expected in return? Could it be to ask for fair treatment in a society dominated by a majority culture and the English language?

For a health care provider, the space between a giver's gratitude and a receiver's obligation can be narrow and murky. Yet, refusing a gift born out of cultural tradition can be interpreted as impolite. In fact, gift sharing

may reinforce a sense of community. A sensible compromise may be to adopt the purposefully vague recommendations from the American Academy of Pediatrics and attempt to appreciate appropriate gifts and graciously refuse those that are not: "Under most circumstances, gifts have a far more symbolic than material value. For most pediatricians, accepting modest gifts does not involve a se-

rious conflict. In fact, a refusal of a gift may constitute a social or cultural affront."²

References

- 1 Pearce J. When you need it most. *Japan Times*. February 6, 2000:15.
- 2 Committee on Bioethics, American Academy of Pediatrics. Appropriate boundaries in the pediatrician-family-patient relationship. *Pediatrics* 1999;104:334-336.